236558

STATE OF SOUTH CAROLINA	DETARE
(Caption of Case)	BEFORE THE PUBLIC SERVICE COMMISSION
Example. Application for a Class C Charter Certificate from John Doe dba Doe's Limo	OF SOUTH CAROLINA .
· · · · · · · · · · · · · · · · · · ·	TRANSPORTATION COVER SHEET
Request to Amend Class C Taxi Criff CETVE; by increasing passenger limits from 7 to 15	DOCKET
Atlantic Executive Limousine, LT.C MAY -2 2012	NUMBER: 2011 - 486 - T
ORS	If this is your first time filing un application with the PSC, you will not
T,T,W,W/W	have a Docket Number. The Commission will assign one to you If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: MARTIN SOMSKY	S l'elephone: <u>843 6.93 - 089 0</u>
Address: 4115 EAST AMY LN.	Fax: 543 793 - 1880
JOHNS ISLAND SC	Sother: H 843 557 -0701
29455	Demos martin samely 2 mas con
NOTE: The cover sheet and information contained herein neither replace us required by law. This form is required for use by the Public Service (he filted out completely.	NOTICE COMPANY AND ADDRESS OF THE PARK AND ADDRESS OF
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	D Paguare D
Application - Class C Stretcher Van	
Application - Class E Household Goods	☐ Late-Filed Exhibit
Application - Class E Hazardous Waste	I.etter Co. An 220
Application	Proposed Order
Request for Extension to Comply with Order	Late-Filed Exhibit Late-Filed Exhibit I.etter Proposed Order Publisher's Affidavit
Request for Order Grunting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter
	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please contact the F	PUBLIC SERVICE COMMISSION at 803-806-5100
Print Form	Reset Form
THE TOTAL	NESCT-OUT

Print Form

CLASS C	AMENDMENT FORM
File the original with:	Mall or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
X) DATE:05 _ 02 _ 20/2_	
I have the following Certificate:	
Class C Taxi # Class C Char	ter# Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the follo	wing amendment(s) to my Certificate: $old RECEIVE old T$
Name Change	MAY -2 2012
Prom: N/A	DBA T, T, W, W
(Current Name)	(Current DBA if applicable)
ТО:	DBA:
(New Name)	(New DBA if applicable)
Scope of Authority	-
From:	То:
(Current Scope)	(New Scope)
Passenger Limit	
From:7	To:
(Current Limit Number)	(New Limit Number)
Name & DBA if DBA is applicable) JOHNS ISLAND SC 29455 4415 EAST AMY LANE (City, State, Zip Code)	(Street and/or Mailing Address) (Signature) (Signature)
(Telephone Number)	PRESIDENT.
(Telephone Number)	(Title) Owner, President, etc.

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Revised 3-2-10